

No. 2
4-12-40
5-17-39
I 23153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4559

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Shelbyville
(c) Name of hospital or institution: County Infirmary
(d) Length of stay: In hospital or institution. 4.5 years?
In this community 4.5 years?

3. (a) PRINT

FULL NAME JOHN Payton

3. (b) If veteran,

one war ✓

3. (c) Social Security

No. ✓

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife no record
(c) Age of husband or wife if alive no record
7. Birth date of deceased no record

8. AGE: Years 75? Months 0 Days 0 If less than one day no record

9. Birthplace no record available

10. Usual occupation none

11. Industry or business no record available

12. Name no record available
13. Birthplace no record available
14. Maiden name no record available
15. Birthplace no record available

16. (a) Informant Ray Stephens
(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Feb-2-1941

- (c) Place: burial or cremation O.C.R. Cemetery

18. (a) Signature of funeral director E. P. Thompson

- (b) Address Shelbyville, Mo.

19. (a) Feb 2 1941 (b) Paul Hays

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Shelby
(c) City or town Shelbyville
(d) Street No. 0
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1941 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from Feb-1- 1941
that I last saw him alive on Feb-1- 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic

- Due to Chronic

- Due to Chronic

- Other conditions Chronic

- Major findings: X

- Of autopsy None done

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? 7:11 P (Specify type of place) (e) Means of injury

23. Signature P. G. Greaser (M. D. or other) 0

- Address Shelbyville - Mo Date signed 2-3-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 2-41-291

Date Filed FEB 14 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

no embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.